

**APPLICATION DATA SHEET****Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: No

Number of CD disks::

Number of copies of CDs::

Sequence submission?: None

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title :: COMPOSITIONS AND METHODS FOR  
TREATING LYMPHOMA

Attorney Docket Number:: 480208.401C3

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity?: No

Petition included?: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?: No

**First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Andreas  
Middle Name:: H  
Family Name:: Sarris  
Name Suffix::  
City of Residence:: Houston  
State or Province of Residence:: TX  
Country of Residence:: US  
Street of mailing address:: 7200 Alameda Road, Apt 715  
City of mailing address:: Houston  
State or Province of mailing address:: TX  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 77054

**Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Fernando  
Middle Name::  
Family Name:: Cabanillas  
Name Suffix::  
City of Residence:: Houston  
State or Province of Residence:: TX  
Country of Residence:: US  
Street of mailing address:: Box 68, 2316 Shakespeare Road

City of mailing address:: Houston  
State or Province of mailing address:: TX  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 77030

**Third Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Patricia  
Middle Name:: M  
Family Name:: Logan  
Name Suffix::  
City of Residence:: Vancouver  
State or Province of Residence:: BC  
Country of Residence:: Canada  
Street of mailing address:: 462 Aubrey Place  
City of mailing address:: Vancouver  
State or Province of mailing address:: BC  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: V5V 2T6

**Fourth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Clive  
Middle Name:: T R  
Family Name:: Burge

Name Suffix::  
City of Residence:: Brentwood Bay  
State or Province of Residence:: BC  
Country of Residence:: Canada  
Street of mailing address:: 917 Damelart Way  
City of mailing address:: Brentwood Bay  
State or Province of mailing address:: BC  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: V8M 1C2

**Fifth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: James  
Middle Name:: H  
Family Name:: Goldie  
Name Suffix::  
City of Residence:: Vancouver  
State or Province of Residence:: BC  
Country of Residence:: Canada  
Street of mailing address:: 2558 West 7th Avenue  
City of mailing address:: Vancouver  
State or Province of mailing address:: BC  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: V6K 1Y9

**Sixth Applicant Application**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Murray  
Middle Name:: S  
Family Name:: Webb  
Name Suffix::  
City of Residence:: Delta  
State or Province of Residence:: BC  
Country of Residence:: Canada  
Street of mailing address:: 8467 Sunset Drive  
City of mailing address:: Delta  
State or Province of mailing address:: BC  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: V4C 3Y5

**Correspondence Information**

Correspondence Customer Number :: **00500**

**Representative Information**

|                                  |  |              |
|----------------------------------|--|--------------|
| Representative Customer Number:: |  | <b>00500</b> |
|----------------------------------|--|--------------|

**Domestic Priority Information**

| Application ::   | Continuity Type::                                       | Parent Application:: | Parent Filing Date:: |
|------------------|---|----------------------|----------------------|
| This application | Continuation of   | 09/541,436           | 03/03/00             |
| 09/541,436       | An application claiming the benefit under 35 USC 119(e) | 60/137,194           | 06/02/99             |
| 09/541,436       | An application claiming the benefit under 35 USC 119(e) | 60/127,444           | 04/01/99             |

**Foreign Priority Information**

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
|           |                      |               |                    |
|           |                      |               |                    |
|           |                      |               |                    |

**Assignee Information**

|   |   |
|---|---|
| Assignee name::                         | Inex Pharmaceuticals Corporation                    |
| Street of mailing address::             | 100-8900 Glenlyon Parkway<br>Glenlyon Business Park |
| City of mailing address::               | Burnaby   |
| State or Province of mailing address::  | BC  |
| Country of mailing address::            | Canada  |
| Postal or Zip Code of mailing address:: | V5J 5J8   |

|   |  |
|---|--|
| Assignee name::                         | Board of Regents, The University of Texas System |
| Street of mailing address::             | 201 West 7th Road                                |
| City of mailing address::               | Austin   |
| State or Province of mailing address::  | TX   |
| Country of mailing address::            | US   |
| Postal or Zip Code of mailing address:: | 78701  |

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